NOV 8 2002

K023590

510(k) SUMMARY

Submitted For:	**YTY INDUSTRY (MANJUNG) SDN BHD**
Submitted By:	**TUCKER & ASSOCIATES** Official Correspondent for YTY INDUSTRY (MANJUNG) SDN BHD **JANNA P. TUCKER,** President-CEO 198 Avenue de la D'emerald Sparks, NV 89434-9550 Phone: 775-342-2612 Fax: 775-342-2613 E-Mail: Tuckerjan@aol.com
Date of Submission:	23 October 2002
Device Name:	**POWDERED NATURAL AND/OR COLORED LATEX EXAM GLOVES** Class I Device, 80LYY
Proprietary Name:	(Multiple Private Labels)
Labels/Labeling:	This device will be marketed to healthcare professionals at Dentist and Doctor Offices, Laboratories, Clinics and Hospitals through its distributors for the intended use.
Intended Use:	A patient examination glove is a disposable device intended for medical purposes that is worn on the examiner's hand or finger to prevent contamination between patient and examiner.
Substantial Equivalence:	Both in its intended use and/or physical characteristics, this device is equivalent to devices currently marketed by U.S. companies. It is **Substantially Equivlalent** to the devices manufactured by Shield Gloves Manufacturer (M) K943807, and YTY Industry (Manjung) SDN BHD, K974191 (natural color).

7.0 Summary of Performance Data:

Performance data of gloves based on ASTM D3578-01 AE2 and FDA 1000ML watertight test.

TEST	ASTM D3578-01 AE2	EVERGREEN POWDERED LATEX EXAM. GLOVES
1. Watertight (1000ml)	Multiple Normal GI AQL = 2.5	Pass GI AQL = 2.5
2. Length (mm) Size XS S M L XL	 Min 220 Min 220 Min 230 Min 230 -	240 mm minimum for all sizes
3. Palm width (mm) Size XS S M L XL	 70 ± 10 80 ± 10 95 ± 10 111 ± 10 -	 73 – 78 83 – 88 93 – 98 103 – 107
4. Thickness (mm) (Single Layer) Finger Palm	 Min 0.08 Min 0.08	 Min 0.10 Min 0.10
5. Physical Properties Before Aging Tensile Strength (MPa) Ultimate Elongation (%) Stress at 500% Elongation After Aging Tensile Strength (MPa) Ultimate Elongation (%)	 Min 18 Min 650 Max 5.5 Min 14 Min 500	 23 – 27 820 – 880 2.9-3.6 20 – 27 780 – 860
6. Powder Content	10mg per square decimeter max	Below 10 mg per square decimeter

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Test Results (Means and/or Successful Results:	This device has met or exceeded the following standards and/or tests: ASTM D 5712-99 ASTM D 3578-01aE2 ASTM D 6124-01 ASTM D 5151-99 ISO 2859 Bio-Compatibility: Dermal Sensitization Primary Skin Irritation
Conclusion:	This device is substantially equivalent to the devices approved as K943807 and K974191.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

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YTY Industry (Manjung) Sdn Bhd
C/O Ms. Janna P. Tucker
Tucker & Associates
198 Avenue De La D'emerald
Sparks, Nevada 89434-9550

Re: K023590
Trade/Device Name: Powdered, Natural, Pink and Blue Colored Latex Examination Gloves
Regulation Number: 21 CFR 880.6250
Regulation Name: Patient Examination Gloves
Regulatory Class: I
Product Code: LYY
Dated: October 23, 2002
Received: October 25, 2002

Dear Ms. Tucker:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

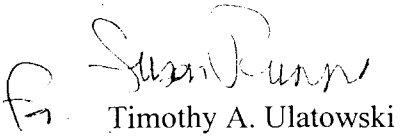
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4618. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,



Timothy A. Ulatowski
Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

INDICATIONS FOR USE

APPLICANT: **YTY INDUSTRY (MANJUNG) SDN. BHD.**

510(k) NUMBER: K023590

DEVICE NAME: **POWDERED, NATURAL AND/OR** (Pink, Blue) **COLORED LATEX EXAM GLOVES**

A patient examination glove is a disposable device intended for medical purposes that is worn on the examiner's hand or finger to prevent contamination between patient and examiner.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use____ OR Over-The-Counter Use____
(Per 21 CFR 801.109)

(Optional Format 1-2-96)

(Division Sign-Off)
Division of Anesthesiology, General Hospital,
Infection Control, Dental Devices

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